

**(Office Use)**

<b>Class:</b> _____	<b>Shot Record:</b> _____	<b>Discount:</b> _____
<b>Date Received:</b> _____	<b>Health Assessment:</b> _____	<b>Total Tuition:</b> _____
<b>Start Date:</b> _____		_____
<b>Discharge Date:</b> _____		<b>Parent/Staff Orientation:</b> _____
		<b>Date:</b> _____ <b>Staff Sig:</b> _____

**Wee Disciples Christian Academy ®  
Wee Tots Class**

114 Poor Farm Road, Suite 101 \* Kearneysville, WV 25430  
304-707-6812/[www.weedisciples.com](http://www.weedisciples.com)

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**REGISTRATION FORM – 2021/2022**

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**Full Name of Child:** \_\_\_\_\_ **M** \_\_\_ **F** \_\_\_ **Nickname:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email for School Notifications:** \_\_\_\_\_ **Birth Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Cell Phone for School Notifications:** \_\_\_\_\_ **Can you receive text messages? Y** \_\_\_ **N** \_\_\_

**Mother/Guardian Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Father/Guardian Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Legal Guardian (if applicable):** \_\_\_\_\_

**Please supply legal verification when one parent is the sole legal guardian of a child.**

**My child is currently enrolled at Wee Disciples for the 2020/2021 school year. Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**If you have a sibling attending in the same school year, please supply the name and class he/she will be attending.** \_\_\_\_\_

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**DIAPER CHANGING AUTHORIZATION FORM**

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I authorize an employee of Wee Disciples Christian Academy to change my child in the event that I am unavailable. I agree to supply an extra change of clothes, wipes, diapers, and any other supplies needed. I release Wee Disciples Christian Academy from any and all responsibility concerning this matter.

My child is: \_\_\_\_\_ Potty Trained \_\_\_\_\_ Potty Training \_\_\_\_\_ Pull-Ups  
\_\_\_\_\_ Diaper \_\_\_\_\_ Assistance/Wiping

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**ADDITIONAL INFORMATION**

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1. Does your child have any dietary restrictions or any allergies? \_\_\_\_\_ If yes, explain \_\_\_\_\_

2. Does your child have any condition(s) requiring medication? \_\_\_\_\_ If yes, explain \_\_\_\_\_

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- 3. Does your child have any characteristics or personality factors that may influence his/her behavior and well being at Wee Disciples? \_\_\_\_\_  
\_\_\_\_\_
- 4. Please specify any special family considerations that are relevant to your child’s care at Wee Disciples?  
\_\_\_\_\_
- 5. Is there anything else we should know about your child and/or any activity restrictions? If yes, explain. \_\_\_\_\_

**IMPORTANT:** If your child is receiving services such as Birth to Three, speech therapy, has been evaluated for developmental delays, or has an I.E.P., please be sure to give a copy of all paperwork to your child’s Lead Teacher. This will enable Wee Disciples to assist your child in any way needed.



**Completed applications are processed on a first come, first served basis provided the registration fee has been paid and no outstanding balance is due.**

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**WEE DISCIPLES WEE TOTS CLASS**

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My child will be two as of 6/30/2021 and is planning to enroll in the Wee Tots T/TH Class at **\$130.00** per month (\$1,170.00 per year). **Time:** 9:15 – 11:30.

**A non-refundable, one-time registration fee of \$70.00 will be billed and paid to FACTS, our tuition management company. Your registration will be complete once this fee is paid.**

# Wee Disciples Christian Academy Emergency Form

## EMERGENCY TREATMENT

### A. Family Information

Male

Female

1. Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Child's Doctor: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_  
Doctor's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Preferred Hospital/Clinic for Emergency Care: \_\_\_\_\_

2. **Mother/Guardian Name:** \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Employer Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. **Father/Guardian Name:** \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Employer Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

B. **Emergency Contacts:** Names, **complete** address, and telephone numbers of individuals to contact in case parents cannot be reached in an emergency:

Name	<b><u>COMPLETE</u></b> Address, City, State and Zip	Telephone Number

C. **Pick Up:** List of people with permission to pick child up from care (anyone **not** listed **cannot** pick up child without written permission from parents):

Name	<b><u>COMPLETE</u></b> Address, City, State and Zip	Telephone Number

**Special Instructions (if applicable):** Biological/Custodial parents must be given access to their children unless there is a court order preventing contact. Individuals with court orders against them preventing child pick up:

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Other restrictions on child pick up: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**D. List any allergies, illnesses, regular medications, special needs including dietary needs and concerns:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**E. Permission to Receive Medical Care:**

I, \_\_\_\_\_ give my permission for Wee Disciples Christian Academy  
(Name of Parent/Guardian)

to provide consent for \_\_\_\_\_ to receive emergency medical, dental or surgical  
(Name of Child)

treatment if I cannot be reached. I place the following restrictions on medical treatment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**F. Permission to Transport:**

I do not give the childcare provider permission to transport my child for non-emergency reasons.

I give the childcare provider permission to transport my child for non-emergency reasons, such as to and from school or school activities, shopping, field trips. etc.

In the event of an emergency, I prefer that the childcare provider call an ambulance to transport my child.

In the event of an emergency, I give permission for the childcare provider to transport my child.

I place the following restrictions on transportation:

\_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(The completed form will be signed and dated at parent orientation.)



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**MEDIA/PHOTOGRAPHY CONSENT AND RELEASE FORM**

As the parent/guardian of \_\_\_\_\_, I agree to the following:

- I understand that my child may be videoed/photographed at Wee Disciples Christian Academy during normal school hours, activities, or events.
- I understand that these photographs may be used throughout the school, on Wee Disciples Christian Academy's Facebook page, in local newspapers, and/or on the school's website or other public relations materials produced by Wee Disciples.
- I understand Wee Disciples Christian Academy will protect my child's identity and will **not** publish my child's name if a video/photograph of my child is used as described above.
- I understand that such photographs shall become the property of Wee Disciples Christian Academy, which has the right to duplicate, reproduce, and/or make other uses as Wee Disciples Christian Academy deems necessary.

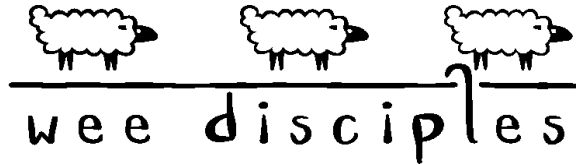
**Please check the appropriate statement:**

\_\_\_\_\_ **Yes**, I confirm that I have read and understand the above and thereby give consent for use of my child's photograph/video as described above.

\_\_\_\_\_ **No**, I do not wish to have my child videoed/photographed.

Name (please print) \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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**Notification Request Form**

**Pesticide Levels 3 and 4**

**Level 3 EPA Caution (crack & crevice treatments)**

**Level 4 EPA Warning or Danger (broadcast spraying and fogging)**

Do you as a parent or legal guardian wish to be informed at least 24 hours in advance if an application of Level 3 or 4 pesticides will be used at Wee Disciples? The notice will be placed at the sign in/out book.

Please mark the appropriate box and return to the director:

Yes

No

Child's Name \_\_\_\_\_

Parent or Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Phone \_\_\_\_\_